UNITED STATES DEPARTMENT OF AGRICULTURE
Farm Security Administration
Washington

Office of the Administrator Apr. 17, 1946

To: ALL REGIONAL DIRECTORS

From: Associate Administrator

Subject: The Role of Health Services in the FSA Program

At the recent national conference of Regional Health Services personnel, during which consultations with representatives of other FSA divisions and other Department bureaus were held freely, there was constant emphasis on the need for more effective integration of all rehabilitation services. The recommendations which came from this conference afford me timely opportunity to emphasize the necessity for maximum integration of health services in the total rehabilitation program at every level of administration. Provision for health services and health education must be as vital a part of the farm and home planning as are provisions for secure tenure, improved farm and home practices, and adequate credit. Illness is a major concern of every borrower family, and these families cannot be considered successfully rehabilitated while their health needs go unmet. Certainly no program of security for rural people can neglect the implications of poor health.

To insure satisfactory and enduring rehabilitation for that segment of the rural population we serve, there must be the fullest possible coordination of all phases of our program which affect borrower families. In order to further this objective, the Health Services Division has been placed under the direction of the Assistant Administrator in charge of the Rural Rehabilitation and Farm Ownership Divisions. Each region will be expected to effect similar coordination, within the existing framework of regional administration, to the end that assisting borrower families to meet their health needs will become a more effective part of our total rehabilitation program.

Our objective is to help every borrower family attain good health. It will be your responsibility to help achieve this goal by insuring to the extent possible that our supervisory activities at State, district, and county levels include the following:

1. Adequate provision in the farm and home plan to meet health care expenses (a) on an individual basis and (b) by participating in a group prepayment plan, where possible.

2. Provision in farm and home planning for a protected water supply, sanitary waste disposal, insect and rodent control, and a safe farm and home environment.

3. Encouraging the full use by borrower families of all community health services available through public and private agencies.

4. Education of families to recognize their needs and to seek to improve their health through such means as better nutrition, improved individual and family health practices, and participation in community health activities.

In order that there may be better appreciation of the relation of health to rehabilitation, and to insure that the supervisory activities outlined above become an integral part of county programs of work, it will be necessary to maintain continuing emphasis on these activities in all training programs. Members of FSA committees, as well as FSA personnel themselves, should have a thorough understanding of the part the health services program can play in rehabilitation.

Among the activities aimed at helping every borrower family attain good health, the prepayment medical care plans require special mention. The impact of the war on our prepayment medical care plans retarded the extension of the benefits of such plans to borrower families in several regions. Despite their limitations, they represent one of the most effective tools at our command to assure borrower families needed medical services and a considerable degree of security against the unpredictable costs of sickness. The low rate of participation of eligible borrowers in these plans even where the program is in active operation is a cause for real concern. Every opportunity should be sought to extend this program into new areas, to reestablish it where it has lapsed, to foster the participation of far more borrowers in existing plans, and to strengthen generally the entire program.

Experience has shown that the establishment of multi-county or statewide medical care plans, by broadening the membership base, will avoid some of the weaknesses inherent in plans confined to single-county areas. It would be well to place emphasis on the organization of such plans as a means of strengthening the base on which the health associations operate. Another means of building a more stable program has been the action taken by many groups of borrowers to extend membership in their organizations to other rural families. The development of plans offering more inclusive services is also a forward step. And perhaps most important of all, every opportunity should be taken to stimulate more active participation by the members in planning and administering their own programs.